

MULTIPLE DEPENDENT
FEE CALCULATION CLAIM
SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/10/49208

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/	/	/
2	/	/	/	/
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TOT. IND.				
TOT. DEP.				
TOT. CLAIMS				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FCP

(REV. 3-78)



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